

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	12		5/31/01
FORMALITY REVIEW	TR	1018	7-10-01
RESPONSE FORMALITY REVIEW	Zm	927	09/19/01
	78	1127	01/04/02

## **INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date		
Final	Original	5/14/63	5/10/64
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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Final Original	Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1-4-02  
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